



## ACCOUNTING VOUCHER

AGENCY NAME/DELIVERY ADDRESS Department of Housing & Community Development Project Management Office 501 North Second Street Richmond, Virginia 23219										CONTRACT NUMBER		DATE OF HUD REQUEST			REP APPROVAL				
										DATE RECEIVED		BID REF./REQUISITION NO.				TERMS P.O.			
										TFS#									
MUST BE DELIVERED BY										INSIDE DELIVERY <input type="checkbox"/> YES (IF CHECKED)		VENDOR INVOICE NO.		DUE DATE MO DAY YR		STATE REF NO. OR P.O. NO		AMOUNT PAID	
Name:																			
Address:																			
City:																			
State:				Zip				—											
Vendor ID:				—				Suffix											
PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES										VOUCHER NUMBER AND DATE TOTAL AMOUNT PAID									
INVOICE TO ADDRESS																			
										GRANTEE NAME						P.O. NUMBER			
										INTRA-AGENCY CONTACT Todd Christensen						TELEPHONE (804) 371-7061			

DESCRIPTION										ACTIVITY				AMOUNT			
<b>IPR PAYMENT REQUEST</b>										<b>TOTAL ADMINISTRATION</b>				\$			
										<b>TOTAL CONSTRUCTION</b>				\$			
Subrecipient: _____										<b>TOTAL CRSC.</b>				\$			
										<b>TOTAL TEMP. REL.</b>				\$			
Contract #: _____										<b>HOME MAINT.</b>				\$			
										<b>TOTAL DEMO.</b>				\$			
Request #: _____										<b>Client Name:</b>							
										Administration: \$							
Incentive Pool: Yes or No										Construction: \$							
										CRSC: \$							
I certify this request is in accordance with terms and conditions of the referenced contract. The amount is correct and not in excess of current needs.										Temp. Rel: \$							
										Home Maint: \$							
Authorized Signature (blue ink only) _____										Demo: \$							
Date Submitted _____										<b>Client Name:</b>							
										Administration: \$							
Payment Approved _____										Construction: \$							
										CRSC: \$							
DHCD Project Management Office										Temp. Rel: \$							
										Home Maint: \$							
										Demo: \$							
										TOTAL AMOUNT							

I certify that the P. O. Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service being Paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT				PROJECT		
			FUND	DET		PROG	SUB	ELE			PROJECT	TK	PH				
	165		10	00		458		00						45856			
COST CODE	FIPS	PSO	GRANTEE REFERENCE #			INVOICE				DUE DATE				REFERENCE DOC			
						DATE		NUMBER		MM	DD	YY	NUMBER	SX	✓		
367																	
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT		MULTI-PURPOSE		1099		<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED			
IPR PAYMENT #						NUMBER		SX									